

STATE OF LOUISIANA
OFFICE OF TELECOMMUNICATIONS MANAGEMENT
METRO ETHERNET SERVICE ORDER FORM (OTM-38)

OTM ORDER NUMBER: _____ **Page 1 of** _____
(To be assigned by OTM)

Agency Cost Center Number: _____ **Due Date Requested:** _____

Department: _____ **Prepared By:** _____

Office: _____ **Date Prepared:** _____

Primary Contact: _____ **Alternate Contact:** _____

Telephone Number: _____ **Telephone Number:** _____

Email Address: _____ **Email Address:** _____

TC Approval: _____

BellSouth Master Billing No. ☐
(To be assigned by OTM)

Agency ME Account

BELLSOUTH SERVICE REQUESTED

ACTION REQUIRED: (Check Appropriate Box)

☐ New Install ☐ Change Existing ** ☐ In-Move/Move ** ☐ Disconnect **

SERVICE REQUIRED: (Select type of Service by checking the Appropriate Boxes)

Basic Ethernet Service: (Select speed)

☐ 10 Mbps ☐ 100 Mbps ☐ 1000 Mbps

** (Include Circuit ID if existing service)** Circuit ID: _____
Earning No: _____

Dedicated Ethernet Service: (Select speed)

☐ 100 Mbps ☐ 1000 Mbps

** (Include Circuit ID if existing service)** Circuit ID: _____
Earning No: _____

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Premium Metro Ethernet Service: (Select speed and mode)

(Speed)

☐ 10 Mbps ☐ 20 Mbps ☐ 50 Mbps ☐ 100 Mbps ☐ 250 Mbps ☐ 500 Mbps

(Mode)

☐ **Fixed Connection** ☐ **Burst Connection**

**** (Include Circuit ID if existing service)**** Circuit ID: _____
Earning No: _____

Premium Options for the Network:

- ☐ Priority Plus
- ☐ Q Forwarding
- ☐ Metro Ethernet Reporting

(Fill in appropriate information)

_____ NPA _____ NNX

Interface: _____

If this is a change to existing service, fill in the appropriate information:

Basic Metro Ethernet

Port Speed: Change from: _____ to: _____

Premium Metro Ethernet

Port Speed: Change from: _____ to: _____

Dedicated Metro Ethernet

Port Speed: Change from: _____ to: _____

**STATE OF LOUISIANA
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OTM ORDER NUMBER: _____ **Page 3 of** _____
(To be assigned by OTM)

Customer Site Information:

Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____

Zip Code: _____

Contact: _____ Telephone #: _____

Local telephone number at the location: _____
(If not the same as the contact telephone number)

Access Hours: _____

Jack Interface: _____

Additional wiring required to extend demarc _____ Yes _____ No

Name of Vendor to extend demarc _____

Note to BellSouth and/or Wiring Vendor: Total charges for wiring on this order should not exceed \$2,500.

Driving Instructions, If located on a highway or rural route: _____

Remarks _____

STATE OF LOUISIANA
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METRO ETHERNET ORDER FORM (Add-on Page)

OTM ORDER NUMBER: _____ **Page** _____ **of** _____
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Customer Site Information:

Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____

Zip Code: _____

Contact: _____ Telephone #: _____

Local telephone number at the location: _____
(If not the same as the contact telephone number)

Access Hours: _____

Jack Interface: _____

Additional wiring required to extend demarc _____ Yes _____ No

Name of Vendor to extend demarc _____

Note to BellSouth and/or Wiring Vendor: Total charges for wiring on this order should not exceed \$2,500.

Driving Instructions, If located on a highway or rural route: _____

Remarks _____
